

## RECORD TRANSMITTAL COVER SHEET

(For use when transferring records between BabyNet system providers.)

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ BabyNet ID # \_\_\_\_\_

### TO:

Name \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone/Fax \_\_\_\_\_

EMAIL \_\_\_\_\_

### FROM:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 1. REASON FOR RECORD TRANSFER (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Initial service coordination assignment                  | <input type="checkbox"/> Transition referral information to LEA             |
| <input type="checkbox"/> Closed to DDSN or SDB services (record returned to DHEC) | <input type="checkbox"/> Transition conference information to LEA           |
| <input type="checkbox"/> Service coordination agency change – NEW county          | <input type="checkbox"/> BabyNet closure -- family refuses BabyNet services |
| <input type="checkbox"/> Service coordination agency change -- SAME county        | <input type="checkbox"/> BabyNet closure – child aged out                   |
| <input type="checkbox"/> CBA request to provider DUE DATE _____                   | <input type="checkbox"/> BabyNet closure – family moving out of state       |
| <input type="checkbox"/> CBA report from provider DUE DATE _____                  | <input type="checkbox"/> BabyNet closure – child deceased                   |
| <input type="checkbox"/> Other (explain below)                                    | <input type="checkbox"/> BabyNet closure -- unable to contact               |

### 2. INFORMATION TRANSMITTED (check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Entire BabyNet record          | <input type="checkbox"/> Release of Information       | <input type="checkbox"/> Other (describe): _____ |
| <input type="checkbox"/> Birth and Early Health History | <input type="checkbox"/> IFSP Section 6B (CBA report) | _____  |
| <input type="checkbox"/> Hearing and Vision Report      | <input type="checkbox"/> Current IFSP (all)           | _____  |
| <input type="checkbox"/> Consent for Screening          | <input type="checkbox"/> IFSP Sections (list)         | _____  |
| <input type="checkbox"/> Insurance Resources form       |   |  |

### 3. NOTES

### 4. SIGNATURES (sender and BabyNet supervisor as required)

\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

PLACE LABEL HERE

**INSTRUCTIONS**  
**Record Transmittal Cover Sheet**  
(BN012)

**A. PURPOSE**

To facilitate identification of information transferred between BabyNet providers and agencies.

**B. USES**

To provide standard, recognizable cover sheet for transmitting BabyNet information between service providers.

The use of this form is not mandatory, but the information contained in the form must be sent with record transfers.

**C. Instructions**

1. Enter child's name, date of birth and BabyNet ID number. (If using BabyTrac generated label with identifying information, place in lower right hand corner.)
2. REASON FOR TRANSFER
  - a. Check applicable box(es).
  - b. Include due date for transfer of CBA information
3. INFORMATION TRANSMITTED
  - a. Check applicable box(es).
  - b. If parts of IFSP sent (rather than entire document), list specific sections.
4. NOTES

Provide information necessary to assist receiving agency or individual to process materials being sent.
5. SIGNATURES
  - a. Sender signature and date required.
  - b. BabyNet supervisor signature required for record transfers.